

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Carson Unit	
2. NAME OF OPERATOR Hixon Development Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2810, Farmington, NM 87499		9. WELL NO. 33-15	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL, 1980' FEL, Section 15, T 25N, R 12W		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 15, T 25N, R 12W		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

It is planned to clean out and return this well to production. If required the well's production will be stimulated by acidizing and fracing. Prior to stimulation the well will be pressure tested and repaired if necessary.

AUG 14 1985
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED

Bruce C. Delventhal

TITLE

Petroleum Engineer

DATE

8-9-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 13 1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
BY *sm*